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Guy Beardsley

Printed name of person mailing correspondence


Signature of person mailing correspondence**UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)**

Attorney Docket Number	06727/012001
Applicant	Robert Mulroy et al.
Title	NON-GLYCOSYLATED HUMAN ALPHA-FETOPROTEIN, METHODS OF PRODUCTION, AND USES THEREOF
PRIORITY INFORMATION:	
This application is a continuation-in-part of, and claims priority from, U.S. Serial No. 10/030,351, filed June 7, 2002, pending, which claims priority from International Application No. PCT/US00/00264, filed January 6, 2000, published in English, which claims benefit of U.S. Provisional application No. 60/114,995, filed January 6, 1999.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	70 pages
Claims	13 pages
Abstract	1 page
Drawings	8 sheets
Combined Declaration and Power of Attorney, which is: <input type="checkbox"/> Unsigned; <input checked="" type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	4 pages
Sequence Statement	2 pages
Sequence Listing on Paper	27 pages
Sequence Listing on Diskette	1 disk
Preliminary Amendment	0 pages
Information Disclosure Statement	0 pages
Form PTO 1449	0 pages
Cited References	0 references



Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$375	\$375.00
Excess Claims Fee: $76 - 20 = 46 \times \$9$	\$414.00
Excess Independent Claims Fee: $21 - 3 = 18 \times \$42$	\$756.00
Multiple Dependent Claims Fee: \$140	\$0.00
Total Fees:	\$1,545.00
<input checked="" type="checkbox"/> Enclosed is a check for \$1,545.00 to cover the total fees. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
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CUSTOMER NO: 21559	
<i>Susan M. Michaud</i> Signature	<i>July 22, 2003</i> Date